

MOBILE INTENSIVE CARE AND AUTHORIZED SKILL
UPDATE SIGNATURE PAGE

PROVIDER AGREEMENT

I, _____, _____, of
(CEO-NAME) (TITLE)

_____, acknowledge that the information
(ORGANIZATION)

provided with this recertification packet is current and accurate. I understand and agree that the skill(s) for which we are authorized is contingent upon the continuance of sponsor hospital medical control and compliance with Section 12a-179-12 of the Regulations which govern the delivery of prehospital emergency medical services.

(CEO-PRINT NAME) (CEO - SIGNATURE) (DATE)

SPONSOR HOSPITAL AGREEMENT

The _____ is currently the
(NAME OF HOSPITAL)

Sponsor Hospital for: _____ at the level of
(NAME OF ORGANIZATION)

(specify highest level of service) ☐EMR ☐EMT ☐AEMT ☐Paramedic

and for the following authorized BLS skills:

Please check all appropriately:

AED (EMR and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aspirin (EMT and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Continuous Positive Airway Pressure (CPAP) (EMT and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glucometer (EMT and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epinephrine Autoinjector (EMT and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Naloxone (Narcan®) Intranasal and/or Autoinjector (EMR and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Twelve Lead ECG Acquisition and Transmission (EMT and above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The above provider has complied with all conditions as set forth by this Sponsor Hospital for Mobile Intensive Care and/or BLS skill authorization including, but not limited to, initial provider training and ongoing maintenance of competency. Therefore, on behalf of the Sponsor Hospital, we agree to continue to provide medical control in accordance with Section 19a-179-12(a) of the Regulations of Connecticut State Agencies which govern the delivery of pre-hospital emergency medical services.

(MEDICAL DIRECTOR) (PRINT) (SIGNATURE) (DATE)

(EMS COORDINATOR) (PRINT) (SIGNATURE) (DATE)